## P99000100633

| (Requestor's Name)                      |                   |           |  |  |  |
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| (City/State/Zip/Phone #)                |                   |           |  |  |  |
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| (Document Number)                       |                   |           |  |  |  |
| Certified Copies                        | Certificates      | of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |
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C. Coulliette MAY 0 5 2005

## **COVER LETTER**

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: Articles of Dissolution  |  |  |  |  |
| DOCUMENT NUMBER: P99000100633   |  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Kevin Campbell (Name of Person)   |  |  |  |  |
|   |  |  |  |  |
| (Name of Firm/Company)  |  |  |  |  |
|   |  |  |  |  |
| P.O. Box 6803 (Address)   |  |  |  |  |
| (Address)   |  |  |  |  |
| Miramar Beach FL 32550  |  |  |  |  |
| (City/State/and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| (Name of Person) at (850) 543-8210 (Area Code & Daytime Telephone Number)   |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed)  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & (Additional copy is enclosed) |  |  |  |  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  |  |  |  |  |

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Department of State:   |  |  |
|----------|--|--|--|
|          | KMC Web Inc  |  |  |
| SECOND:  | The document number of the corporation (if known): P99000100633  |  |  |
| THIRD:   | The file date the articles of incorporation: Jan 1, 2000   |  |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   |  |  |
|          | (CHECK AT LEAST ONE BOX)  None of the corporation's shares have been issued.   |  |  |
|          | The corporation has not commenced business.  |  |  |
| FIFTH:   | The corporation has not commenced business.  No debt of the corporation remains unpaid.  The net assets of the corporation remaining after winding up have been distributed  |  |  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.   |  |  |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)  |  |  |
|          | A majority of the incorporators authorized the dissolution.  |  |  |
|          | A majority of the directors authorized the dissolution.  |  |  |
| Si       | gned this 31 day of December 2004.   |  |  |
| Signa    | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |  |  |
|          | (Typed or printed name of person signing)  |  |  |
|          | OWNER/CEO President (Title of person signing)  |  |  |

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

| This "Notice of Corporate Dissolution   | n" is optional and is not requi  | red when filing a voluntary | y dissolution.     |
|---|--|-----------------------------|--------------------|
| Name of Corporation:  | nc Web I   | -,<br>-^.                   |                    |
| Date of dissolution will be the date the specified in the Articles of Dissolution |  | Department of State or as   |                    |
| Description of information that must b  | be included in a claim:  |                             |                    |
| Payce's Nam<br>Complete desc  | ne address an  | d phone #                   |                    |
| Complete desc   | ription written -  | that includes               | invoice number     |
| and date.   |  |                             |                    |
|   |  |                             |                    |
| <del></del>   |  |                             |                    |
| Mailing address where claims can be s   | Sent: (Claims cannot be sent to<br>KMC Web En<br>P. D. Box 69<br>Mira mar Beac | 803                         |                    |
| A claim against the above named corporation 4 years after the filing of this no   | oration will be barred unless a<br>price.                                      | proceeding to enforce the   | claim is commenced |
| Keun Campbel  |  | Xufled)                     |                    |
| Printed Name of the Pers  | on Filing  | Signature of the Person     | on Filing ·        |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00